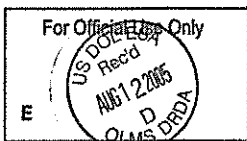


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5497</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mary</u> <u>E</u> <u>Dougherty</u> P.O. Box, Bldg., Room No., if any <u>300</u> Street <u>14405 Laurel Place</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4 <u>20707</u>	4. Name, file number, and address of labor organization. Name <u>Operative Plasterers &amp; Cement Masons Int. Ass.</u> Labor Organization File Number <u>000-132</u> P.O. Box, Building and Room Number, if any <u>300</u> Street <u>14405 Laurel Place</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4 <u>20707</u>
5. Position in labor organization: <u>VICE PRESIDENT/CON CONSULTANT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Mary Dougherty</u>	On <u>08/05/2005</u> <u>301 470 4200</u> Date Telephone Number

Name of Person Filing <b>Mary Dougherty</b>	File Number <b>U-</b>
---	-----------------------

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Caesars Hotel</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <b>3570 las Vegas Blvd South</b></p> <p>City <b>Las Vegas</b></p> <p>State <b>Nevada</b> ZIP Code + 4 <b>89109</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Hotel where Int. Convention was held in 2004</b></p> <p><b>Approx. business in 2004 was 1.2 million</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> _____</p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Complimentary ticket to Faith Hill Concert</b></p> <p><i>(Faint text describing the ticket details follows)</i></p> <hr/> <p><b>12.b. Amount.</b> <span style="float: right;"><b>\$120</b></span></p>

<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> _____</p>

Name of Person Filing Mary Dougherty

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Anapol, Schwartz, Weiss, Cohan Fieldman

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1900 Delancy Place

City Philadelphia

State Pennsylvania ZIP Code + 4 19103

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Legal Firm working to recoup funds owed to various plans through pharmacy benefit managers

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Two Cocktail parties  
January 27th - Fort Lauderdale  
March 01 - Palm Springs  
\$35.00 each event good faith estimate.

12.b. Amount.

\$70

Name of Person Filing Mary Dougherty

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Eberts & Harrison

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 329

Street 10630 Little Patuxent Parkway

City Columbia

State Maryland ZIP Code + 4 21044

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Insurance Company

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

One Crab Dinner at Gunnings Crab House  
Good Faith estimate

12.b. Amount.

\$50